2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P05000151911

Entity Name: WELLNESS HEALTH ASSOCIATES, INC.

Current Principal Place of Business:

9521 S. ORANGE BLOSSOM TRAIL, STE 102
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

2231 AITKIN LOOP
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 20-3822309 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOISE, PIERRE C
2231 AITKIN LOOP
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOISE, NIKENSTON
Address: 2231 AITKIN LOOP
City-St-Zip: LEESBURG, FL 34748

Title: VP ( ) Delete
Name: ADEE, RONALD
Address: P.O. BOX 680907
City-St-Zip: ORLANDO, FL 328680907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIKENSTON MOISE P 05/01/2008

Electronic Signature of Signing Officer or Director Date